

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024777

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

309

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Joplin

Length of stay in 1b

life

c. FULL NAME OF DECEASED (If not in hospital, give location)  
HOSPITAL OR INSTITUTION

DOA Freeman Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY

OR TOWN

Rural-Galena Twsp.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rt. 5, Joplin

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First RANDY

Middle LEE

Last COFFMAN

4. DATE OF DEATH

Month

Day

Year

June 21

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐

Never Married ☒

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

3-28-63

9. AGE (last birthday)

IF UNDER 1 YEAR

Months 2 Days 24 Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

infant

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

Joplin, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Keith L. Coffman

13b. MOTHER'S MAIDEN NAME

Sharon Lake

14. NAME OF HUSBAND OR WIFE

Keith L. Coffman, Rt. 5, Joplin, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Keith L. Coffman

Address

Rt. 5, Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Peritonitis

CONDITION INVESTIGATED

INTERVAL BETWEEN ONSET AND DEATH

unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Perforation of Colon

DUE TO (c)

Diverticulum of Colon

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 20 Dr. in attendance

and last saw her alive on

Death occurred at

6:20 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Legal Registrar

22b. ADDRESS

201 Joplin St. Joplin, Mo.

22c. DATE SIGNED

6/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

6-24-63

23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Park

23d. LOCATION (City, town, or county)

Joplin, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Steve Parker Mortuary - Joplin, Mo. 6-26-1963

Dore Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0499

2 0490

3

4 0

5 0

6

7 0

8 1

9 572.1

10

11

12 92-8

13 20

7-11-63

PP 10  
07 10

0  
0  
0  
1

2-50

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Howey E. Lane

Licensed Embalmer No. 4463

P. O. Address Spokane, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.